## PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2001

Application or Docket Number

1528.008051

CLAIMS AS FILED - PART I (Column 1)						mn 2)		SMALL ENTITY TYPE			OTHER THAN	
TOTAL CLAIMS			42			•	ſ	RATE	FEE	<b>]</b>	RATE	FEE
FOR			NUMBER FILED		NUMBER EXTRA			BASIC FEE	370.00	OR	BASIC FEE	740.00
TOTAL CHARGEABLE CLAIMS			4 Uminus 20=		* 22			X\$ 9=		OR	X\$18=	396
INDEPENDENT CLAIMS			√ minus 3 =		* /			X42=		OR	X84=	84
MU	LTIPLE DEPEN	DENT CLAIM PE					+140=		OR	+280=	_	
* If the difference in column 1 is less than zero, enter					r "0" in c	olumn 2	L	TOTAL		OR	TOTAL	1220
CLAIMS AS AMENDED - PART II  (Column 1) (Column 2) (Column 3)							_	SMALL E	NTITY	OR	OTHER SMALL	
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER DUSLY FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	* 42	Minus	** 4	2	=		X\$ 9=		OR	X\$18=	
	Independent	* 4	Minus		<u>식</u>	= /		X42=		OR	X84=	
	FIRST PRESENTATION OF MULTIPLE DAPENDENT CLAIM							+140=		OR	+280=	
	4							TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	
(Column 1) (Column 2) (Column 3)												
AMENDMENT B	,	CLAIMS REMAINING AFTER AMENDMENT	۰	HIGH NUM PREVI PAID	IBER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
NDN	Total	* 42	Minus	** 4 d	2	=	$  \cdot  $	X\$ 9=		OR	X\$18=	
AME	Independent	* 4 NTATION OF MI	Minus	***	#	=	$\  \ $	X42=		OR	X84=	
	THOTTHESE	NIATION OF MIC	JETIF CE DEF	LINDEIN	CLAIIVI		4 [	+140=		OR	+280=	
							<u>.</u>	TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	
		(Column 1)	· · · · · · · · · · · · · · · · · · ·	(Colu		(Column 3)	_					
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		PREVI	IBER	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
	Independent	dependent		T CL AIRA	=	┨╏	X42=		OR	X84=		
	THO THEOLITATION OF MIDELLI LE DEFENDENT CEANN							+140=		OR	+280=	
"" If the "Highest Number Previously Paid For IN THIS SPACE is less than 20, enter "20." Appli								TOTAL DDIT. FEE		OR I	TOTAL	
***	If the "Highest Nu	ımber Previously P nber Previously Pa	aid For" IN THI	S SPACE	is less tha	n 3, enter "3."			ropriate box		ADDIT. FEE    umn 1.	